

**UNAUTHORIZED LEAVE REPORT TO
COURT/LAW ENFORCEMENT
Michigan Department of Human Services**

| | | | | | |
|--|-----------------|------------------------------|---|--|----------------------------------|
| Case Name | | | | | |
| Case Number | | SWSS FAJ Log # | | Date | |
| County | District | Section | Unit | Work -- | Court File Number |
| Child/Youth Legal Status | | | Date of Birth | | Age |
| Race/Ethnic/Gender Information | | | | | Date Youth Left Placement |
| Other Identifying Features (Scars, Clothing, etc.) | | | Hair Color | Eye Color | Height Weight |
| Risk Management | | | | | |
| <input type="checkbox"/> Is at serious risk <input type="checkbox"/> Is 11 years of age or younger <input type="checkbox"/> Foul play is suspected | | | | | |
| Explanation (mandatory): | | | | | |
| Youth may be with | | Name and Relationship | | Phone Number | |
| <input type="checkbox"/> Parents <input type="checkbox"/> Other: (explain) | | Address | | | |
| Possible Destination | | | | | |
| Parent/Guardian Name | | | | Phone Number | |
| Parent/Guardian Complete Address | | | | | |
| Parent/Guardian Name | | | | Phone Number | |
| Parent/Guardian Complete Address | | | | | |
| Name of Placement (Youth Missing From) | | | | Placement Phone Number | |
| Placement Complete Address | | | | | |
| Dates and Actions Taken to Locate Missing Youth | | | | | |
| DHS Worker Name | | | | DHS Worker Phone Number | |
| Name of Law Enforcement Agency Notified | | | | Missing Person Report (LEIN Form) Attached | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signature | | | | | |
| AUTHORITY: P.A 150 OF 1974 AS AMENDED 803.306 COMPLETION: Mandatory PENALTY: Child/Youth name will not appear on the LEIN | | | Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. | | |

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| Case Name | | | | | |
| Case Number | | SWSS FAJ Log # | | Date | |
| County | District | Section | Unit | Worker | Court File Number |

| | |
|------------------------|--------------------------------|
| Child Located | Current Placement |
| DHS Worker Name | DHS Worker Phone Number |
| Signature | |

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